1 6	500	\sim	1.2

1

(Requestor's Name)
(Address)
(Address)
((((((())))))))))))))))))))))))))))))))
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>
Office Use Only

900276836079

09/09/15--01019--021 **60.00

15 SEP - 9 PH 2: 40

SEP 1 1 2015

Y SULKER

PLEASE IGNORE AMMEDMENT REQUEST DATED AUGUST 26 2015

INSTALLING LUISA SILVA AS THE SOLE MANAGER

PLEASE PROCESS THE ENCLOSED AMENDMENT INSTEAD DATED JULY 15,2015

			(COVER LETTE	R	
TO:		on Section of Corporati	,· · ·			
		ELLE LOCI	SMITHLLC			
SUBJ	ECT:		Name of Limi	ited Liability Company		
The er	closed Artic	ies of Amend	ment and fec(s) are sub-	nitted for filing.		
Please	return all co	rrespondence	concerning this matter	to the following:		
•		٨١	EXAURA D PATINO	ESTRADA		
				Name of Person		
			JRELLE LOCKSMITH	Firm/Company		
		27	75 NE 1881h St. #5			
		·		Address		i
		Av	entura, FL 33/80			
		ale	aura@ayrellegroup.com	City/State and Zip Code		
For fu	uber informa	tion concern	E-mail address: (i ing this matter, please ca	o be used for future annual	report notification)	
	aura d Pa			786 72-	4-7333	
	N	ame of Person		at () Area Code	Daytime Telephon	e Number
Enclos	ed is a check	for the follo	wing amount:			
	5.00 Filing F		30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc)	losed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	R D P	AAILING A legistration S Division of C O. Box 632 allahassee, F	ection prporations 7	Registrat Division Clifton B 2661 Exe	F/COURIER ADD ion Section of Corporations fuilding ecutive Center Circl iee, FL 32301	

ı,

.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears an our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/16/2015	AURELLE LOCKSMITH LLC		
Florida document number L15000104771 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 2/75 NE 188th St. #5 (Principal office address, if applicable: 2/75 NE 188th St. #5 Mailing address, if applicable: 2/75 NE 188th St. #5 Mailing address, if applicable: 2/75 NE 188th St. #5 Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered Agent: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address Name of Store Address	(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on ou Liability Company)	ir records.)
This amendment is submitted to amend the following: A. If amending name. enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.LC." Enter new principal offices address, if applicable: 2/75 NE 188th St. #5 (Principal office address MUST BE A STREET ADDRESS) Aventura, FL 33180 Enter new mailing address, if applicable: 2775 NE 188th St. #5 (Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered office address here: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address		were filed on $\frac{06/16/20}{2}$	and assigned
The new name must be distinguishable and contain the words "Limited Liability Combany," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 2775 NE 188th St. #5 (Principal office address MUST BE A STREET ADDRESS) Aventura, FL 33180 Enter new mailing address, if applicable: 2775 NE 188th St. #5 (Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address			
Enter new principal offices address, if applicable: 2775 NE 188th St. #5 (Principal office address MUST BE A STREET ADDRESS) Aventura, F1, 33180 Enter new mailing address, if applicable: 2775 NE 188th St. #5 (Mailing address MAY BE A POST OFFICE BOX) Aventura, F1, 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address	A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
Enter new principal offices address, if applicable: 2775 NE 188th St. #5 (Principal office address MUST BE A STREET ADDRESS) Aventura, F1, 33180 Enter new mailing address, if applicable: 2775 NE 188th St. #5 (Mailing address MAY BE A POST OFFICE BOX) Aventura, F1, 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address			
Enter new principal office address, if applicable: Aventura, FL 33180 Enter new mailing address, if applicable: 2775 NE 188th St. #5 (Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: Name of New Registered Agent:	The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS) Aventura, FL 33180 Enter new mailing address, if applicable: 2775 NE 188th St. #5 (Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: Name of New Registered Agent:	Enter new principal offices address, if applicable:	2775 NE 188th St. #5	
Enter new mailing address, if applicable: 2775 NE 188th St. #5 (Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address		Aventura, FL 33180	
registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address			
New Registered Office Address			records, enter the name of the new
	Name of New Registered Agent:		
	New Registered Office Address	Enter Florida stre	
City City Zip Code	/	City	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

.

. .

MGR = Manager AMBR = Authorized Member

,

.

Title	<u>Name</u>	Address	Type of Action
MGR	LUISA SILVA	2775 NE 188th St. #5	Add
		Aventura, FL 33180	🗌 Remove
			Change
AR	TAULER, ELENA	9737 NW 41 STREET.SUITE 942	🖸 Add
		DORAL, FL 33178	Remove
			Change
AMBR	PATINO ESTRADA, ALEXAUR/	9737 NW 41 STREET, SUITE 942	🗆 Add
		DORAL, FL 33178	Remove
		/	Change
AMBR	AVILA FUENMAYOR, CRISTIA	9737 NW 41 STREET,SUITE 942	🖸 Add
		DORAL, FL 33178	Remove
			Change
			bbA 🗆
			Remove
	(Change
	,		🗅 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	· · · ·
	· · · ·
	/
<u> </u>	
fective date, if other tl	an the date of filing: (optional)
n effective date is listed, the <u>ste:</u> If the date inserted i cument's effective date o	an the date of filing:(optional) date must be specificand cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed a in the Department of State's records.
record specifies a c The 90th day after t	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier one record is filed.
August 26	2015
	Signature of a member or authorized representative of a member
ALEXAURA D	PATINO ESTRADA

.

.

Page 3 of 3

Filing Fee: \$25.00